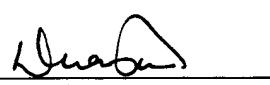


**TRANSMITTAL
FORM**

TRANSMITTAL FORM	Application Serial Number	10/759,644
	Filing Date	January 16, 2004
	First Named Inventor	Auerbach
	Group Art Unit	1637
	Examiner Name	Not yet assigned
	Attorney Docket No.	INL-083CP6C5
	Confirmation No.	8755
	Issue Date	Not applicable

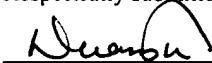
ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form 	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Response <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Second Preliminary (8 pgs.) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets _____] 	<input type="checkbox"/> Formal Drawing(s)	<input type="checkbox"/> Appeal Brief (in triplicate)
<input type="checkbox"/> Petition for Extension of Time	<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal	<input type="checkbox"/> Status Inquiry
<input type="checkbox"/> Information Disclosure Statement <ul style="list-style-type: none"> <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations 	<input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)	<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8
<input type="checkbox"/> Sequence Listing submission <ul style="list-style-type: none"> <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above 	<input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application	<input checked="" type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8
	<input type="checkbox"/> Small Entity Statement	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below)
	<input type="checkbox"/> CD(s) for large table or computer program	<input type="checkbox"/> Copy of Limited Recognition
	<input type="checkbox"/> Amendment After Allowance	
	<input type="checkbox"/> Request for Certificate of Correction <ul style="list-style-type: none"> <input type="checkbox"/> Certificate of Correction (in duplicate) 	

CORRESPONDENCE ADDRESS		SIGNATURE BLOCK	
Direct all correspondence to: Patent Administrator Testa, Hurwitz & Thibeault, LLP High Street Tower 125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100		Respectfully submitted,  Date: December 3, 2004 Reg. No. Limited Recognition Tel. No.: (617) 248-7808 Fax No.: (617) 248-7100 Duan Wu Attorney for Applicant Testa, Hurwitz & Thibeault, LLP High Street Tower 125 High Street Boston, MA 02110	

Express Mail Mailing Label No. EL946871184US

FEE TRANSMITTAL FY 2005 <i>O I P E S E C R E T A R Y J U N C T I O N S</i> DEC 03 2004		<i>Complete if Known</i>	
		Application Serial Number	10/759,644
		Filing Date	January 16, 2004
		First Named Inventor	Auerbach
		Group Art Unit	1637
		Examiner Name	Not yet assigned
		Attorney Docket No.	INL-083CP6C5

METHOD OF PAYMENT		FEE CALCULATION (continued)	
1. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other		3. ADDITIONAL FEES	
2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531. <input type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit.		Large Entity Fee (\$)	Small Entity Fee (\$)
3. <input type="checkbox"/> Applicant claims small entity status.			Fee Description
FEE CALCULATION			
1. FILING FEE			
Large Entity			
Fee (\$)		Fee Description	
790 Utility filing fee 350 Design filing fee 160 Provisional filing fee		Fee Paid	
		Number Filed	Number Extra
		Rate	Amount
Total Claims - 20 =		x \$ 18.00 =	
Independent Claims - 3 =		x \$ 88.00 =	
<input type="checkbox"/> Multiple Dependent Claim(s), if any		\$300.00 =	
TOTAL: SMALL ENTITY DISCOUNT: SUBTOTAL (1) (\$)			
0.00			
2. AMENDMENT CLAIM FEES			
Claims Remaining After Amend.		Highest No. Previously Paid For	Present Extra
Total 42 Indep. 4		- 20 = 22	x \$ 18.00 = 396 x \$ 88.00 = 88
<input type="checkbox"/> First Presentation of Multiple Dep. Claim		+ \$300.00 =	
		TOTAL: (\$)	
		484.00	
SMALL ENTITY DISCOUNT:		(\$)	
		0.00	
SUBTOTAL (2)		(\$)	
		484.00	
CORRESPONDENCE ADDRESS			
Direct all correspondence to: Patent Administrator Testa, Hurwitz & Thibeault, LLP High Street Tower-125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100		SIGNATURE BLOCK Respectfully submitted,  Date: December 3, 2004 Reg. No. Limited Recognition Tel. No.: (617) 248-7808 Fax No.: (617) 248-7100 Duan Wu Attorney for Applicant Testa, Hurwitz & Thibeault, LLP High Street Tower 125 High Street Boston, MA 02110	